

# TANEY COUNTY HEALTH DEPARTMENT

## MESSAGE/TATTOO HEALTH PERMIT APPLICATION

320 Rinehart Rd., Branson, MO 65616

417-334-4544 EXT. 247

417-336-9604 FAX



Application must be completed and submitted to TCHD a minimum of 10 days prior to opening.

### BUSINESS CONTACT INFORMATION

Establishment Name:		Establishment Address:	Date:
Establishment Phone:		Fax:	Massage <input type="checkbox"/> Tattoo <input type="checkbox"/>
Establishment Email:			<input type="checkbox"/> New Construction proposed opening date: _____ <input type="checkbox"/> Re-opening/Remodel <input type="checkbox"/> Location Change  <i>In addition to completing this application it is necessary to contact the City of Branson to obtain a business license.</i>
Owner Name:		Owner Mailing Address:	
Owner Phone   Fax:			
Owner Email:		Billing Address (if different from above):	

### HOURS OF OPERATION

Hours of Operation:	State License Name and Number
<input type="checkbox"/> Monday _____ am/pm to _____ am/pm	
<input type="checkbox"/> Tuesday _____ am/pm to _____ am/pm	
<input type="checkbox"/> Wednesday _____ am/pm to _____ am/pm	
<input type="checkbox"/> Thursday _____ am/pm to _____ am/pm	
<input type="checkbox"/> Friday _____ am/pm to _____ am/pm	
<input type="checkbox"/> Saturday _____ am/pm to _____ am/pm	
<input type="checkbox"/> Sunday _____ am/pm to _____ am/pm	

**Please attach a copy of the state license for each employee. Attach a copy of the Hepatitis A vaccination record for each tattoo artist.**

### SIGNATURES

Owner Signature		
Print Name		Date:
EPHS Signature		Date: